

PART B - FEE(S) TRANSMITTAL

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DEC 19 2008

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32294 7590 09/23/2008

SQUIRE, SANDERS & DEMPSEY L.L.P.
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VIENNA, VA 22182-6212

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/646.900

08/25/2003

Ram Gopal Lakshmi Narayanan

60282-00099

2444

TITLE OF INVENTION: APPARATUS AND METHOD FOR SECURITY MANAGEMENT IN WIRELESS IP NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

1510

\$300

\$0

\$1740/1810

12/23/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SALAD, ABDULLAHI ELMI

2157

709-225000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 SQUIRE, SANDERS

2 & DEMPSEY L.L.P.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NOKIA CORPORATION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

ESPOO, FINLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☒ A check is enclosed. CHECK NO. 20185☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2222 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Keith M. Mullervy

Typed or printed name

Keith M. Mullervy

12/23/2008 JADU02 00000049 10646900

Date December 19, 2008

01 FC:1501

1510.00 OP

Registration No. 62,382

300.00 OP

01 FC:0001

30.00 OP

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